



SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

ADMINISTRATION PROCEEDING, ESTATE OF

a/k/a

Deceased.

**AFFIDAVIT OF MAILING
NOTICE OF APPLICATION
FOR LETTERS OF
ADMINISTRATION
(SCPA 1005)**

File No. _____

STATE OF _____ }
COUNTY OF _____ } ss.:

_____, residing at

New York, being duly sworn, deposes and says that deponent is over the age of eighteen years; that on _____, deponent mailed a copy of the foregoing Notice of Application for Letters of Administration, contained in a securely closed postpaid wrapper, directed to each of the persons named in paragraph 4(b), respectively, as follows:

Name of Distributee

Mailing Address: Street and Number

City, Village or Town	State	ZIP Code	Country
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